PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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A Valid Owing Co.			Attorney Docket Nur	nber	CV06025US01		
DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION			First Named Invento	r	Duane A. Burnett, et al.		
			COMPLETE IF KNOWN				
(37 CFR 1.63)		Application Number		/			
		Filing Date	03/0	3/2004			
Submitted OR Submitt		Declaration Submitted after Initial	Group Art Unit				
with Initial Filing		Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name				

As a below named inventor, I hereby declare that:							
My residence, post office address, and citizenship are as stated below next to my name.							
I believe I am the original, firs names are listed below) of th	st and sole inventor (if only se subject matter which is c	one name is listed below) claimed and for which a pate	or an original, fir ant is sought on	st and joint inventor (the Invention entitled	(if plural I:		
SUBSTITUTED AZETIDINONE COMPOUNDS, PROCESSES FOR PREPARING THE SAME FORMULATIONS AND USES THEREOF							
the specification of which is attached hereto	(Title	of the invention)					
OR was filed on (MM/DD/	YYYY)	as United	l States Applicat	ion Number or PCT I	International		
Application Number	and wa	as amended on (MM/DD/Y)	YY)	(ii	f applicable).		
I hereby state that I have revi amended by any amendment	specifically referred to abo	ove.		_	s, as		
I acknowledge the duty to dis-	close information which is a	material to patentability as o	defined in 37 CF	R 1.56.			
I hereby claim foreign priority certificate, or 365(a) of any P America, listed below and have or of any PCT International app	benefits under 35 U.S.C. CT international application a also identified below, by op- plication having a filing date	119(a)-(d) or 365(b) of an n which designated at leat checking the box, any forely before that of the applicat	y foreign applic st one country of gn application fo ion on which price	ation(s) for patent or other than the United or patent or inventor's ority is claimed.	r inventor's d States of certificate.		
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy / YES	Attached? NO		
		·	مممو	000	0000		
Additional foreign application							
I hereby claim the benefit un			application(s) lis	ted below.			
Application Number(s	e (MM/DD/YYYY)	numb supple	onal provisional apers are listed on a emental priority da SB/02B attached h	ta sheet			
		(Page 1 of 2)					

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	Date	

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DECLARATION — Utility or Design Patent Application

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		ent Application Number	n or						ling Date			nt Patent N (if applicabl	
													
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As a named inve	entor, I he	ereby appoint the f	ollowi	ng regis	itered p	actitioner			this application	on and to	transac		
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Additional r	egistered	d practitioner(s) na	med o	n suppl	ementa	Registere	d Prac	titloner In	formation sh	eet PTO/	/SB/02C	attached here	to.
Direct all corre	esponde			ner Nur Code L		2	OR Correspondence address below						
Name		Ann M. Cann	oni,	Reg.	No. 3.	5,972							
Address			_										
Address													
City							s	State		ZIP	<u> </u>		
Country				Te	elepho	ne (90	8) 29	8-5024	1	Fax	(908	8) 298-5388	3
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Name of So	ole or F	First Inventor:						A petitic	on has been	i filed fo	r this u	insigned inve	ntor
Gi	ven Nar	me (first and mid	ldle [i	f anyl)			Family Name or Surname						
Duane A.							Bu	rnett					
Inventor's Signature												Date	
Residence: (City	Bernardsville			State	NJ		Country	USA			Citizenship	USA
Post Office A	ddress	9 Chestnut A	venu	ıe									
Post Office A	ddress									_			
City	Bernar	dsville	State	NJ		27	07	7924		Cou	ıntry	USA	
MAdditional	investe	re are being nar	2001	on the	1 .	ınnlaması	101.64	ditional	Inventor(e)	cheet/s	\ PTO	SB/02A attac	had bami

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1__ of L__

Name of Additional Joint Inventor, if any	<i>/</i> :	A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))			Family Na	me or S	umame	
John W.		Clac	ler			
Inventor's Signature					Date	
Residence: City Cranford	State NJ		Country USA		Citizenship USA	
Mailing Address 428 North Union Avenue						
Mailing Address				_		
City Cranford	State NJ		ZIP 07016	Countr	y USA	
Name of Additional Joint Inventor, if any	<i>/</i> :		A petition has been file	ed for thi	is unsigned inventor	
Given Name (first and middle [if any])		\Box	Family Na	ame or S	Surname	
Wayne	Vaccaro					
Inventor's Signature A	un	Date 3/3/04				
Residence: City Yardley	State P.A		Country USA		Citizenship USA	
Malling Address 1706 Westover Road						
Mailing Address				 -		
City Yardley	State PA		ZIP 19067	Cou	intry USA	
Name of Additional Joint Inventor, if an	y:	☐ A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Inventor's Signature					Date	
Residence: City	State	Country			Citizenship	
Mailing Address						
Mailing Address						
City	State		ZIP	c	ountry	

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PTO/SB/17 (10-03)

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FEE	TR	AN	SMI	TTAL
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Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$)]	30.00
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Complete if Known					
Application Number	10/791,910				
Filing Date	03/03/2004				
First Named Inventor	Duane A. Burnett, et al.				
Examiner Name	To Be Assigned				
Art Unit	To Be Assigned				
Attorney Docket No.	CV06025US01				

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)	
Check Credit card Money Other None	3. ADDITIONAL FEES	
Deposit Account:	Large Entity Small Entity	
Deposit Codum.	Fee Fee Fee Fee Description Code (\$) Fee Pe	
Account 19-0365	1051 130 2051 65 Surcharge - late filing fee or oath 130.0	
Number Deposit	1052 50 2052 25 Surcharge - late provisional filing fee or	\neg
Account Schering-Plough Corporation	cover sheet	\neg
The Director is authorized to: (check all that apply)	1053 130 1053 130 Non-English specification 1812 2,520 1812 2,520 For filing a request for ex parte reexamination	7
Charge fee(s) indicated below Credit any overpayments	1804 920* 1804 920* Requesting publication of SIR prior to	\neg
Charge any additional fee(s) or any underpayment of fee(s)	Examiner action	
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	1805 1,840* 1805 1,840* Requesting publication of SIR after Examiner action	
FEE CALCULATION	1251 110 2251 55 Extension for reply within first month	
	1252 420 2252 210 Extension for reply within second month	
1. BASIC FILING FEE Large Entity Small Entity	1253 950 2253 475 Extension for reply within third month	
Fee Fee Fee Fee Description Fee Paid	1254 1,480 2254 740 Extension for reply within fourth month	
Code (\$) Code (\$) 1001 770 2001 385 Utility filing fee	1255 2,010 2255 1,005 Extension for reply within fifth month	
1002 340 2002 170 Design filing fee	1401 330 2401 165 Notice of Appeal	
1003 530 2003 265 Plant filing fee	1402 330 2402 165 Filing a brief in support of an appeal	
1004 770 2004 385 Reissue filing fee	1403 290 2403 145 Request for oral hearing	_
1005 160 2005 80 Provisional filing fee	1451 1,510 1451 1,510 Petition to institute a public use proceeding	
SUBTOTAL (1) (\$) 0.00	1452 110 2452 55 Petition to revive - unavoidable	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1453 1,330 2453 665 Petition to revive - unintentional	
Fee from	1501 (,550 2501 665 Oulity Issue IBB (or reissue)	—
Extra Claims below Fee Paid Total Claims X = X	71 100 100 100 100 100 100 100 100 100 1	
Independent 3** - Y	1503 640 2503 320 Plant issue fee	
Claims Multiple Dependent	1460 130 1460 130 Petitions to the Commissioner	
Large Entity Small Entity	1807 50 1807 50 Processing fee under 37 CFR 1.17(q)	
Fee Fee Fee Fee Description	1806 180 1806 180 Submission of Information Disclosure Stmt 8021 40 8021 40 Recording each patent assignment per	\dashv
Code (\$) Code (\$) 1202 18 2202 9 Claims in excess of 20	8021 40 8021 40 recording each patent assignment per	
1201 86 2201 43 Independent claims in excess of 3	1809 770 2809 385 Filing a submission after final rejection (37 CFR 1.129(a))	
1203 290 2203 145 Multiple dependent claim, if not paid	1810 770 2810 385 For each additional invention to be	
1204 86 2204 43 ** Reissue independent claims over original patent	examined (37 CFR 1.129(b)) 1801 770 2801 385 Request for Continued Examination (RCE)	\dashv
1205 18 2205 9 "Reissue claims in excess of 20	1801 770 2801 385 Request for Continued Examination (RCE) 1802 900 1802 900 Request for expedited examination	
and over original patent	of a design application	_
SUBTOTAL (2) (\$) 0.00	Other fee (specify)	
**or number previously paid, if greater, For Reissues, see above	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 130.00	
SUBMITTED BY	(Complete (d applicable))	
Name (Print/Type) Ann Marie Cannoni	Registration No. (Agomey/Agent) 35,972 Telephone 908-298-5024	
Signature	Date 06/08/2004	

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